

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 541 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 48 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 - 1917

Full Name of Deceased, Mary A. White { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 34 Years, — Months, — Days

Color, White

Married, Single { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Germany (Germany) { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, 1927 Eastern Ave { Give Street and Number. }

Cause of Death, Heart Dis (Valvular)
Paralysis from overdistention { First (Primary), Second (Immediate), }

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, June 24th 1917

Undertaker, W. Plank Medical Attendant.

Place of Business, 227 S. Am Address, 1711 Bain St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

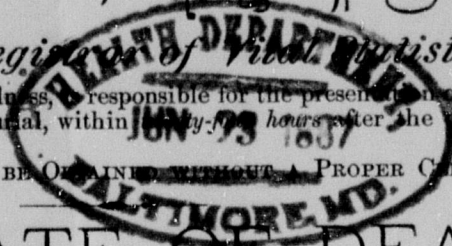
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 572 Office of Registrar of Vital Statistics. Ward 3^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 22, 1887

Full Name of Deceased, Maggie Emma { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Domestic

Birth Place, Baltimore, Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 121 S. Durham St. { Give Street and Number. }

Cause of Death, Dysentery { First (Primary), Second (Immediate), }

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Cemetery

Date of Burial, 24th June 1887

{ Undertaker, Henry Hoffman Medical Attendant, D. L. Smith M. D.

{ Place of Business, 24 N. E. St. Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Health Department, City of Baltimore.

Permit No.

573

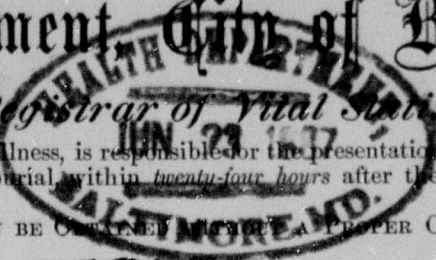
Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

June 22^d 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Lasacki

Sex, Male

~~or Female~~

{ Cross out the word not required in this line. }

Age,

/

Years,

5

Months,

11

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

1524. Thames St

Cause of Death,

{ First (Primary),

Second (Immediate),

Measles

Convulsions

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus's Cem

Date of Burial,

June 23^d 1887

Undertaker,

H. Broskowski

Place of Business,

1732. Allen Ave

Must Steiner

M. D.

Medical Attendant.

Campbell

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John C. Dr. Goy. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 574 Office of Registrar of Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the present use of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887

Full Name of Deceased, John J. Garrett
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Bachman

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 812 E. Lombard St
{ Give Street and Number. }

Cause of Death, Cholera infantum
{ First (Primary), Second (Immediate), Exhaustion }

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City

Date of Burial, June 24th

Undertaker, Wm. Schaeffer

Place of Business, #8 S. Front St Address, 711 N. Calvert St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department City of Baltimore.

Permit No.

A 575

Office of Registrar of Vital Statistics.

Ward

13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 Years, Months, Days.

Color, Col.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 817 Raborg St

Cause of Death, {First (Primary), Phthisis
Second (Immediate), Hemorrhage & Shock}

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Land Cemetery

Date of Burial, June 23rd 1887

{ Undertaker, William Dungey Frank J. Flannery M. D. Medical Attendant.

{ Place of Business, 150 East St Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A. 576

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23 - '87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Blouise.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 - so they say Years,

Months,

Days.

Color, Wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Brakeman N. E. R. R.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Pruna

Duration of Residence in the City of Baltimore,

2 - 3 hours

Place of Death, { Give Street and Number. }

City Hospital

Cause of Death, {

First (Primary),

Second (Immediate),

Shock + hemorrhage from being struck by a freight train. R. N. E. R. R.

Duration of Last Sickness,

2 - 4 hours.

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's cemetery

Date of Burial,

June 26 1887

{ Undertaker,

William Blazer

{ Place of Business,

Woodberry rd

Address,

Coroner.

Alexander Hill

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 527

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED PERSON'S CERTIFICATE.)

CERTIFICATE OF DEATH.

Date of Death,

June 22nd '87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

James J. Curtis

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Four

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

78 Boyd St.

Duration of Residence in the City of Baltimore,

4 Mts

Place of Death,

{ Give Street and Number. }

78 Boyd St.

Cause of Death,

{ First (Primary), }

Inanition

{ Second (Immediate), }

Gastritis

Duration of Last Sickness,

3 months.

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's

Date of Burial,

June 24th 1887

Undertaker,

J. B. Gansner

M. D.

Place of Business,

227 Mulberry St.

Address,

424 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 578 Office of Registration and Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Rossmann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 643 Dover st

Cause of Death, { First (Primary), Second (Immediate), } Minigitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 24th 1887

{ Undertaker, Ph. Jewald M. D. Puddenbom Medical Attendant.

{ Place of Business, 119 S. Eutan Address, 418 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 579 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Kellam

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 18 Years, _____ Months, _____ Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1632 Mullikin St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1632 Mullikin St.

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis
Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 1887

Undertaker, Charles S Butler R. V. Hooper M. D. Medical Attendant.

Place of Business, 510 N. Eardoline St. Address, 1812 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 580

Office of Registrar of ~~Vital~~ Statistics.

Ward 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victoria Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 11 Months, — Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Baltimore St. Elizabeth's Home

Cause of Death, { First (Primary), Second (Immediate), } Enteric Colitis

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 24/87

Undertaker, Geo. Rinehart

Place of Business, Health Dept Address, 605 St Paul St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]